



**State of Connecticut
Office of Health Care Access
Instructions for Letter of Intent/Waiver Form
Form 2030**

Letter of Intent

All Applicants must complete the Letter of Intent (LOI) form prior to submitting a Certificate of Need application. The LOI, coupled with the CON application form specific to your proposal, constitutes your CON request. The LOI consists of 4 sections that provide sufficient information to allow OHCA to prepare the CON application form. These sections are:

Section I	APPLICANT INFORMATION
Section II	GENERAL APPLICATION INFORMATION
Section III	ESTIMATED CAPITAL EXPENDITURE INFORMATION
Section IV	PROJECT DESCRIPTION.

All portions of Section I – IV **must be completed** or the LOI will be returned to you for completion. An incomplete LOI will not be used for meeting statutory deadline purposes. OHCA recognizes that some of the information requested might not be pertinent to your proposal. If this is the case, please indicate that the question is "Not Applicable".

OHCA recognizes that at the LOI phase of the application process, some of the information may be preliminary in nature and subject to modification prior to or at the time of the submission of the CON application form. Please notify OHCA immediately of any *significant* changes to information filed in the LOI. These modifications may constitute a new LOI.

Section III

All Applicants must complete the item identified as "Estimated Total Capital Expenditure." Please complete the detailed breakdown only if the estimated capital expenditure for the proposal exceeds \$100,000 or if the proposal involves the acquisition of major medical equipment, imaging equipment or a linear accelerator.

Waiver of Certificate of Need

If you are requesting a waiver of the CON process for replacement equipment, you must also complete Section V of the form and the attached Affidavit.

OHCA requires an original and five copies of your completed Letter of Intent/Waiver form. All pages must be consecutively numbered. Please send completed Letter of Intent/Waiver Forms to:

Cristine A. Vogel, Commissioner
Office of Health Care Access
410 Capitol Avenue, MS#13HCA
P.O. Box 340308
Hartford, CT 06134-0308

If you have any questions concerning this form, please contact Susan Cole at (860) 418-7001.